

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number	Filing Date				
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51	/			
2							52	/			
3							53	/			
4							54	/			
5							55	/			
6							56	/			
7							57				
8							58				
9							59				
10							60				
11	/						61				
12		/					62				
13			/				63				
14				/			64				
15		/					65				
16			/				66				
17				/			67				
18					/		68				
19						/	69				
20							70				
21							71				
22							72				
23							73				
24							74				
25	/						75				
26							76				
27		/					77				
28			/				78				
29				/			79				
30					/		80				
31						/	81				
32		/					82				
33			/				83				
34	/						84				
35			/				85				
36				/			86				
37			/				87				
38				/			88				
39					/		89				
40						/	90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48	/						98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				